

AO 433 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
1. NAME Lisa Ruben Rubin		2. PHONE NUMBER 917-608-2038		3. DATE 10/12/2021	
4. DELIVERY ADDRESS OR EMAIL lisa.rubin@nbcuni.com		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER 3:21-mj-198		9. JUDGE Tumble		DATE OF PROCEEDINGS	
12. CASE NAME US V. TORRES, Jonathan US V. TORRES, Diana		10. FROM 10/12/2021		11. TO	
13. CITY Martinsburg		14. STATE WV		LOCATION OF PROCEEDINGS	
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify) Initial Hearing	
<input type="checkbox"/> SENTENCING				10-12-2021	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Remittal of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
1/2 Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
1 Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	14	38.25 101.50
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (amount plus additional).				ESTIMATE TOTAL	38.25 101.50
18. SIGNATURE <i>[Signature]</i>				PROCESSED BY	
19. DATE 10/12/2021				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY Kate Slayden				COURT ADDRESS 217 W. King Street, Rm. 214 Martinsburg, WV 25401	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED	10/12/2021	LR	TOTAL CHARGES 38.25		
TRANSCRIPT RECEIVED			LESS DEPOSIT 38.25		
OWNING PARTY NOTIFIED			TOTAL REFUND		
TO PICK UP TRANSCRIPT			TOTAL DUE 38.25 101.50		
PARTY RECEIVED TRANSCRIPT	10-12-21	KS			
DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY					